

**EMERGENCY MEDICAL SERVICES AUTHORITY
AWARDS PROGRAM
NOMINATION FOR STATEWIDE EMS SYSTEM AWARD**

Mail completed application and supplemental information to:
California EMS Authority, Attn: EMS Awards Program
10901 Gold Center Drive, Suite 400, Rancho Cordova, CA 95670

Nominee Information:

Name: _____

Address: _____

E-mail: _____ Phone: _____

EMS Agency Affiliation: _____

Rank: _____ Position: _____ Title: _____

If Nominee is an EMT: EMT Level: _____ Cert. # _____

Nominated for:

- ☐ EMT of the Year
 - ☐ EMT-I
 - ☐ EMT-II
 - ☐ EMT-Paramedic
- ☐ EMS Administrator of the Year
- ☐ EMS Medical Director of the Year
- ☐ EMS Educator of the Year

Nominated by:

Name: _____

Address: _____

E-mail: _____ Phone: _____

EMS Agency Affiliation: _____

Rank: _____ Position: _____ Title: _____

If nominator is an EMT: EMT Level: _____ Cert. # _____

Relationship to nominee: _____

I hereby nominate the individual named above for the award indicated. Documentation for the basis of this nomination is attached. I certify that this information is true and correct to the best of my knowledge, and is provided based upon information personally known to me.

Signature: _____ Date: _____

**EMERGENCY MEDICAL SERVICES AUTHORITY
AWARDS PROGRAM
SUPPLEMENTAL INFORMATION TO SUPPORT NOMINATION**

1. Description of Basis for Nomination (Please succinctly describe the act or service that forms the basis of this nomination. Please use additional paper as necessary):

2. Attach Documentation (Please provide supporting documentation – newspaper or magazine articles, videos, etc. – that substantiate the nomination. Please label each piece of documentation with the nominee’s name as well as your name).